Please type a plus sign (+) inside this box	+

PTO/SB/81 (02-01)
Approved for use through 10/31/2002 OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number

## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	
Filing Date	July 13, 2001
First Named Inventor	Roetzheim
Sı	stem to Estimate Resource Usage a Software Development Project
Group Art Unit	
Examiner Name	
Attorney Docket Number	COS-01

I hereby	appoint:				Г				
Practitioners at Customer Number				<b></b>	Numi	e Custo aber Ba el here	ar Code		
	ctitioner(s) nai	med below:							
1				Registrat	tion Nu	ımber			
Ţ	William J. Kolegraff 41,125								
1									
Į.			1		<u> </u>				
as my/our business ir	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR									
Firm of Individ	or Iual Name	William J. Kolegraf	ff						
Address		3119 Turnberry Way							_
Address				<del></del> ,	<u></u>	————		0.055	
City		Jamul	<u>  s</u>	tate	CA	1	Zıp_	91935	
Country		US							
Telephone		619 / 401 - 8008	<u> </u>	ax					
I am the:									
<b>∠</b> Ap	plicant/Invent	or.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record							_		
Name	Will:	iam H. Roetzheim							_
Signature									
Date		1/13/200					-		
NOTE: Signature forms if more the	es of all the inver an one signature	ntors or assignees of record of the energy is required, see below*.	ntire interest a	r their r	epresentat	tive(s) ar	e requi	ired. Submit multiple	e -
☐ *Total of	fo	rms are submitted.							
Burden Hour Stateme	not This form is on	timated to take 3 minutes to complete. To	me will yaru den	ending u	mon the nee	eds of the	· individi	hal case. Any commer	de c

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLADATION FO	n utu itv on	Attorney Docke	Attorney Docket Number				
DECLARATION FO		RUTILITY OR		. Roetzheim			
PATENT APPL		co	COMPLETE IF KNOWN				
(37 CFR 1.63)		Application Num	ber				
Declaration	Declaration	Filing Date		July 13, 2001			
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Group Art Unit	·				
Filing	(37 CFR 1.16 (e)) required)	Examiner Name					
As a below named inventor, I he	reby declare that:						
My residence, mailing address, an	d citizenship are as state	ed below next to my nam	e.				
I believe I am the original, first and names are listed below) of the sub	l sole inventor (if only on ject matter which is clain	e name is listed below) oned and for which a pate	r an original, int is sought o	first and joint invento on the invention entitle	r (if plural ed:		
1	SYSTEM AND METHOD TO ESTIMATE RESOURCE USAGE FOR A SOFTWARE DEVELOPMENT PROJECT						
the specification of which	(Title of th	e Invention)					
is attached hereto							
OR							
was filed on (MM/DD/YYYY)		as United St	ates Applicati	on Number or PCT In	iternational		
	L						
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed	hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to natentability as defined in 37 CER 1.56, including for continuation.							
in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime		py Attached? NO		
Additional foreign application	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)
Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer No or Bar Code				OR 🗹 Co	rrespondence address below
William J. Kolegraff					
3119 Turnberry Way					
City Jamul			Stat	CA CA	91935 ZIP
Country	Tele	619 / phone	401 -	8008	Fax
are believed to be true; and further that these state made are punishable by fine or imprisonment, or bo	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the fike so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		A petition	has b	een filed for this un	signed inventor
Given Name William H. Family Name Roetzheim or Surname				im	
Inventor's halm				7/13/2 <sub>(12.1)</sub>	
Residence: City Jamul		State CA		Country	US Citizenship
13518 Jamul Drive Mailing Address					
City Jamul		CA State		91935 ZIP	US Country
NAME OF SECOND INVENTOR:	卫	A petition h	as bee	en filed for this unsi	gned inventor
Given Name (first and middle [if any])  Family Name or Surname					
Inventor's Signature Date					
Residence: City		State		Country	Citizenship
Mailing Address					
City		State		ZIP	Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

[Page 2 of 2]